



INTERNATIONAL FUEL TAX AGREEMENT
TAX RETURN

IF

1

REPORTING PERIOD

PLEASE CHECK THE APPROPRIATE BOX BELOW

Year: _____ QUARTER 1 ☐ 2 ☐ 3 ☐ 4 ☐

2

☐ Original ☐ No Operations ☐ Name Change
☐ Amended Return ☐ Late Return ☐ Address Change

3

Account #

FOR VALIDATION ONLY — 01P-030-731-0008

4

☐ Cancel License
Effective Date ____/____/____

5

To compute AMG: Divide total miles traveled by total gallons placed into IFTA vehicles.

FUEL TYPE	TOTAL MILES	TOTAL GALS	AMG

6

TAX COMPUTATION

A	B	C	D	E	F	G	H	I	J	K
JURIS	FUEL TYPE	TAX RATE	TOTAL MILES EACH JURIS	TAXABLE MILES EACH JURIS	TAXABLE GALS E divided by AMG	TAX PAID FUEL PURCHASED EACH JURIS	NET TAXABLE GALLONS F minus G	TAX DUE H times C	INTEREST DUE	TOTAL DUE I plus J
WA		.23								
6A WA	ST	WA SALES TAX DUE - SEE TAX RATE SCHEDULE								
OR	DI									
6B	TOTALS FROM REVERSE									
7	TOTAL MILES IN NON IFTA JURISDICTIONS		GAS							
			DI							
8	TOTALS									

PLEASE REMIT PAYMENT AND RETURN TO:

Fuel Tax Section
Department of Licensing
P.O. Box 9048
Olympia, WA 98507-9048
(360) 664-1868
FAX (360) 570-7839 or (360) 586-5905

CHECK HERE IF YOU WOULD LIKE A REFUND

☐

9

PENALTY (SEE INSTRUCTIONS)

10

SUBTOTAL (BLOCKS 8K + 9)

11

CREDIT CLAIMED FROM PRIOR RETURNS

12

AMOUNT DUE

13

CREDIT / REFUND AMOUNT

SIGNATURE REQUIRED

I certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge.

Signature: _____ Title: _____

Print Name: _____ Date: _____ Telephone: _____

6 TAX COMPUTATION (Continued)

[illegible]

PLEASE CARRY TOTALS TO LINE 6B ON THE FRONT PAGE OF THIS RETURN.